

FILED JAN 8 1951

THE CITY OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43474

BIRTH NO. _____		REG. DIST. NO. 378	PRIMARY REG. DIST. NO. 6285	Registrar's No. 66
1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b> 1140	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL MEN GROVE TWP</b>		c. LENGTH OF STAY (in this place) <b>LIFE</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MTN GROVE, MO RURAL</b>			d. STREET ADDRESS (If rural, give location) <b>MTN GROVE, MO RURAL</b>	
3. NAME OF DECEASED (Type or Print) <b>JOSIE</b>		a. (First) <b>ANN</b>	c. (Last) <b>TAYLOR</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 19 50</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>		8. DATE OF BIRTH <b>AUGUST 11 1873</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		9. AGE (In years last birthday) <b>77</b> If under 1 year: Months <b>4</b> Days <b>8</b> Hours <b>5</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>WEST</b>		
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>DOCK TAYLOR</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>OTIS TAYLOR</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coprolite Heart Disease</i> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4341</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Dec. 16</i> , 1950, to <i>Dec. 19</i> , 1950, that I last saw the deceased alive on <i>Dec. 19</i> , 1950, and that death occurred at <i>11:50 P.M.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>John H. H. H.</i>		23b. ADDRESS <i>1140</i>		23c. DATE SIGNED <i>12-28-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC 22 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LONE STAR</b>
24d. LOCATION (City, town, or county) (State) <b>MTN GROVE, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>R. W. Barber</i>		
DATE REC'D BY LOCAL REG. <b>12-30-50</b>		REGISTRAR'S SIGNATURE <i>A. E. Ames</i>		ADDRESS <b>MTN GROVE, MO</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 157-2  
Filed Jan 6/1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Wm. Boone

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.